

1. CIR/DIST./DIV. CODE WAW		2. PERSON REPRESENTED Fontana, Daryl Paul		VOUCHER NUMBER	
3. MAG. DKT./DEF. NUMBER 2:10-000192-002		4. DIST. DKT./DEF. NUMBER	5. APPEALS DKT./DEF. NUMBER		6. OTHER DKT. NUMBER
7. IN CASE/MATTER OF (Case Name) U.S. v. Fontana		8. PAYMENT CATEGORY Felony	9. TYPE PERSON REPRESENTED Adult Defendant		10. REPRESENTATION TYPE (See Instructions) Criminal Case
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense. 1) 21 841E=MD.F -- MARIJUANA - SELL, DISTRIBUTE, OR DISPENSE					
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix) AND MAILING ADDRESS Morris, Daron 119 First Avenue South Suite 500 Seattle WA 98104  Telephone Number: (206) 623-1359			13. COURT ORDER X O Appointing Counsel C Co-Counsel F Subs For Federal Defender R Subs For Retained Attorney P Subs For Panel Attorney Y Standby Counsel  Prior Attorney's Name: _____ Appointment Date: _____  Because the above-named person represented has testified under oath or has otherwise satisfied this court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, or  Other (See Instructions) <i>Bo</i>  Signature of Presiding Judicial Officer or By Order of the Court 04/27/2010 Date of Order _____ Nunc Pro Tunc Date _____ Repayment or partial repayment ordered from the person represented for this service at time of appointment. YES NO		
14. NAME AND MAILING ADDRESS OF LAW FIRM (only provide per instructions) Morris and Hart, PLLC 119 First Avenue S, Suite 500 Seattle WA 98104					
CLAIM FOR SERVICES AND EXPENSES			FOR COURT USE ONLY		
CATEGORIES (Attach itemization of services with dates)		HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH ADJUSTED HOURS	MATH/TECH ADJUSTED AMOUNT
15. a. Arraignment and/or Plea					
b. Bail and Detention Hearings					
c. Motion Hearings					
d. Trial					
e. Sentencing Hearings					
f. Revocation Hearings					
g. Appeals Court					
h. Other (Specify on additional sheets)					
(Rate per hour = \$ ) TOTALS:					
16. a. Interviews and Conferences					
b. Obtaining and reviewing records					
c. Legal research and brief writing					
d. Travel time					
e. Investigative and Other work (Specify on additional sheets)					
(Rate per hour = \$ ) TOTALS:					
17. Travel Expenses (lodging, parking, meals, mileage, etc.)					
18. Other Expenses (other than expert, transcripts, etc.)					
GRAND TOTALS (CLAIMED AND ADJUSTED):					
19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM _____ TO _____			20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION		21. CASE DISPOSITION
22. CLAIM STATUS Final Payment Interim Payment Number Supplemental Payment Have you previously applied to the court for compensation and/or reimbursement for this case? YES NO If yes, were you paid? YES NO Other than from the court, have you, or to your knowledge has anyone else, received payment (compensation or anything or value) from any other source in connection with this representation? YES NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements. Signature of Attorney: _____ Date: _____					
APPROVED FOR PAYMENT - COURT USE ONLY					
23. IN COURT COMP.	24. OUT OF COURT COMP.	25. TRAVEL EXPENSES	26. OTHER EXPENSES	27. TOTAL AMT. APPR / CERT	
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER			DATE	28a. JUDGE / MAG. JUDGE CODE	
29. IN COURT COMP.	30. OUT OF COURT COMP.	31. TRAVEL EXPENSES	32. OTHER EXPENSES	33. TOTAL AMT. APPROVED	
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount.			DATE	34a. JUDGE CODE	